MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006216
STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 5542 Registrar's No. 21

FILED MAR 12 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0450
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Bonne Femme Twp.
Length of stay in 1b: 35 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home, Higbee, Mo.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Howard
c. CITY OR TOWN: Higbee
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Bonne Femme Twp.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First NATHAN Middle Last HAINES

4. DATE OF DEATH: Month MAR. Day 1. Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/12/1894
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (City and state or country): Rolf, Oklahoma
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph M. Haines
13b. MOTHER'S MAIDEN NAME: Emma Garett
14. NAME OF HUSBAND OR WIFE: Katie Mead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of): ------
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mrs Nathan Haines, Higbee, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic Cancer Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Primary Carcinoma of Lung — 1 yr.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 1962 to 3-1-63 and last saw her/him alive on 3-1-63
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Iva Bloom M. D.
22b. ADDRESS: Fayette Mo
22c. DATE SIGNED: 3-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/3/1963
23c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
23d. LOCATION (City, town, or county) (State): Howard County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ralph A. Carr Fayette, Mo.
25. DATE RECD. BY LOCAL REG.: 3-2-63
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

Permit Issued 3-2-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.